



Mapping progress and challenges for women's empowerment in the Global South

Margareta Amy Lelea¹

¹University of California, Davis

Correspondence: Margareta Amy Lelea (email: malelea@ucdavis.edu)

Abstract

This mapping of patterns and trends in the Global South reveals that some progress has been made in terms of declining maternal mortality rates, increasing educational access and literacy for women, and increasing participation in the labour force by women. However, there are also immense challenges to be faced such as HIV/AIDS, human trafficking, and the feminisation of poverty that are affecting more women. Additionally, the regionalised spatial variations that can be observed when mapping and reviewing gender-differentiated quality of life indicators show that the reality faced by women in the Global South is uneven with respect to sex ratio, life expectancy at birth, international migration, fertility rate, infant mortality, literacy, labour force participation, HIV/AIDS infection, parliamentary presence, and the Global Gender Gap. The overriding implication is that for there to be progress towards women's empowerment in the Global South recognition of the possibility, continuing demanding and pressing for change, and working towards it, are critical to the whole process.

Keywords: Global Gender Gap, Global South, mapping, quality of life indicators, regionalised spatial variations, women's empowerment

Introduction

Although in no part of the world are women faring better than men, there is some progress which has been made at the global level with declining maternal mortality rates, increasing educational access and literacy for women, and increasing participation in the labour force by women. However, there are also immense challenges to be faced such as HIV/AIDS, human trafficking, and the feminisation of poverty that are affecting more women. These broad generalisations however, belie the regionalised spatial variations that can be observed when mapping gender-differentiated quality of life indicators. These reveal different trends challenging women and men in diverse places and which influence the gendered dynamic of these spaces. The spatial variation of this quantitative data introduces questions which can be further illuminated by qualitative studies.

This paper focuses on patterns and trends in the Global South. Using indicators as reported by the United Nations for women and for men, maps have been designed with category breaks to highlight gendered trends at the global scale (Momsen, 2010). Questions and themes arise which differentiate gendered processes around the world and which point towards both progress which has been attained and challenges to be overcome. How can we assess these maps using the rubric of empowerment? If empowerment is "the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them", then "empowerment... has two critical dimensions: process, which refers to a shift "toward greater equality, or greater freedom of choice and action" and agency, because "women themselves must be significant actors in the process of change that is being described or measured" (Malhotra and Schuler, 2005 and Kabeer, 2001, quoted in Paruzzolo, 2010: 7).

In essence, this analysis will be geared towards contextualising the patterns revealed by these indicators in terms of how they can inform an understanding of the space in which individual women live their daily lives. As each indicator is a national average, there will be women who are above and below the level reported. However, it can be used for gauging the social construction of space. The specific maps that will be discussed include the sex ratio, differences between life expectancy at birth of women and men, the sex ratio of international migrants, fertility rate, infant mortality rate differences between girls and boys, sex differences in literacy rates, labour force participation rate, HIV/AIDS, women in parliament, and the Global Gender Gap.

Sex Ratio

The proportion of women to men in a country, otherwise known as the sex ratio, is a revealing indicator regarding the cultural space in which women live. There are some biological variations, such as that more male children are conceived than female children and that male children are more vulnerable to disease in the first year after birth, but it can be generally said that if there are fewer women in a population than men that it is due to discrimination against women (Momsen, 2010: 21). This indicator is reflective of multiple factors which negatively affect the ability of women to live their lives to the fullest potential including higher rates of mortality for young girls and for women during childbirth (25). There are also urban-rural differences where urban ratios tend to be more unequal.

In Figure 1, measures are expressed as the number of women per 100 men. When there are fewer women than men, this is generally considered a situation reflecting discrimination. Factors such as migration, selective female infanticide, and other practices which reduce the life situations of women contribute to this figure being below 100. In the map below, the darker colours represent countries with more masculine populations and the countries which are represented with lighter colours have more feminine populations.

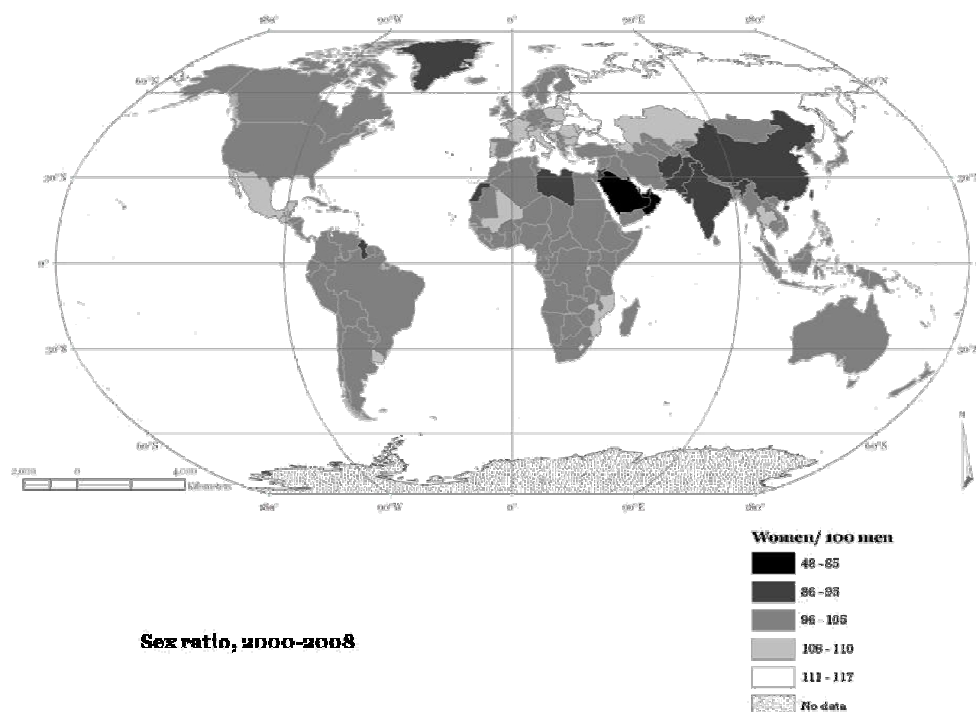


Figure 1. Sex ratio, 2000-2008

Source: ESRI, 2002a, United Nations, 2008a

With the statistics on sex ratio from the years between 2000 and 2008, the Arabian peninsula has the lowest ratio of women per 100 men, followed by South Asia and China. The ratios for each of these regions reflect discrimination against women as a product of different processes. In South Asia, the pattern is the result of cultural processes which lead to higher rates of female infanticide and foeticide to avoid the cost of dowries, or to ensure a son under China's one-child policy. Parents often avoid having girl babies because they are considered to be more of an economic burden and due to patrilineal family inheritance. In 2010, mainland China has a ratio of 93 women per 100 men. China is now relaxing this policy as it realises that a shortage of females is resulting in many social problems and increasingly women are able to earn wages and so support their families as industrialisation expands.

In the Arabian peninsula, this is primarily driven by the preference for sons in combination with a high immigration of men for work. This is compounded by the severe restrictions on the mobility of women, both physically and in terms of opportunity politically and economically. Qatar has the lowest ratio in the entire world with only 33 women per 100 men and the United Arab Emirates comes in second with 49 women per 100 men. Other countries with masculinised populations are: Iran, Papua New Guinea, Costa Rica Malaysia, and Ghana all with 97 women per 100 men in 2010; Bangladesh, Yemen, Iraq, Guinea, Benin, Algeria and Paraguay have ratios of 98 women to 100 men.

India records 94 women per 100 men and Afghanistan records 93 women per 100 men. In India, this figure has worsened in the past century from 97 females per 100 males in 1901 (Momsen 2010: 25). These national statistics are spatially uneven. For example, in the Punjab, a wealthy province of India, the sex ratio for children under six years old has fallen in 2001 to 793 girls per 1,000 boys while the province of Kerala, in the south, has a female sex ratio for the same age group. Like in some parts of China, the gender imbalance is contributing towards the possibility of women having more influence. In the Punjab, men have resorted to attracting prospective wives with a bride price instead of demanding a dowry (Momsen, 2010: 27).

The most feminized populations are recorded in Eastern Europe, such as in Belarus with 115 women per 100 men. In this region it is considered to be due to increased rates of alcoholism and suicide among men, shortening their life expectancy. In Africa, Lesotho has the most feminised population with 112 women per 100 men in 2010 as many men emigrate for work in South African mines. Rwanda follows, with 106 women per 100 men in 2010 where the feminisation of the population has resulted from both conflict and male emigration.

Globally, there are more men than there are women. In 2010, there were 57 million more men in the world due to the masculinised sex ratio of the population under 50 years of age (Mrkic et al., 2010: vii, 2). As there is regional variation, there is also differentiation of urban-rural trends where, world-wide, there are 88 urban women per 100 urban men and 96 rural women per 100 rural men (Momsen, 2010: 25). Although the global sex ratio has begun to improve since 1995, there are still stark regional disparities and a situation where there are estimates of between 61 and 110 million missing women (Klasen and Wink, 2002 quoted in Momsen 2010: 24). Specific country estimates of missing women are as follows: India, 23 million; China, 30 million; Pakistan, 3.1 million; Bangladesh, 1.6 million, Egypt and Turkey, 600,000; Nepal, 200,000; and Rest of the World, 40 million (Seager, 2009: 42). The situation of missing women is created when women are not born who should have been (such as through sex-selective abortions), female infanticide, and through lower life expectancy than men because of lack of care for girls when young and in the reproductive years.

Sex Ratio of Infant Mortality

The sex ratio of infant mortality (infant deaths per 1,000 births) is represented by dividing the female infant mortality rate by the male infant mortality rate (Figure 2).

Although infant boys are biologically more vulnerable than infant girls, in China and India, more girls than boys are likely to die before the age of five due to prioritisation where, for example in India, girls are "40 times less likely to be taken to a hospital when sick" (World Bank, 1993 quoted in Momsen 2010:

82). The 2010 - 2015 estimates suggest that the highest rates in the world are in war-torn Afghanistan with 147 infant deaths per 1,000 births. The second highest rate is attributed to Chad with 123, followed by: the Democratic Republic of the Congo, 109; Nigeria, 103; and Somalia, 101. In contrast, the Republic of Korea and Cuba record some of the lowest rates in the world with 4 infant deaths per 1,000 births.

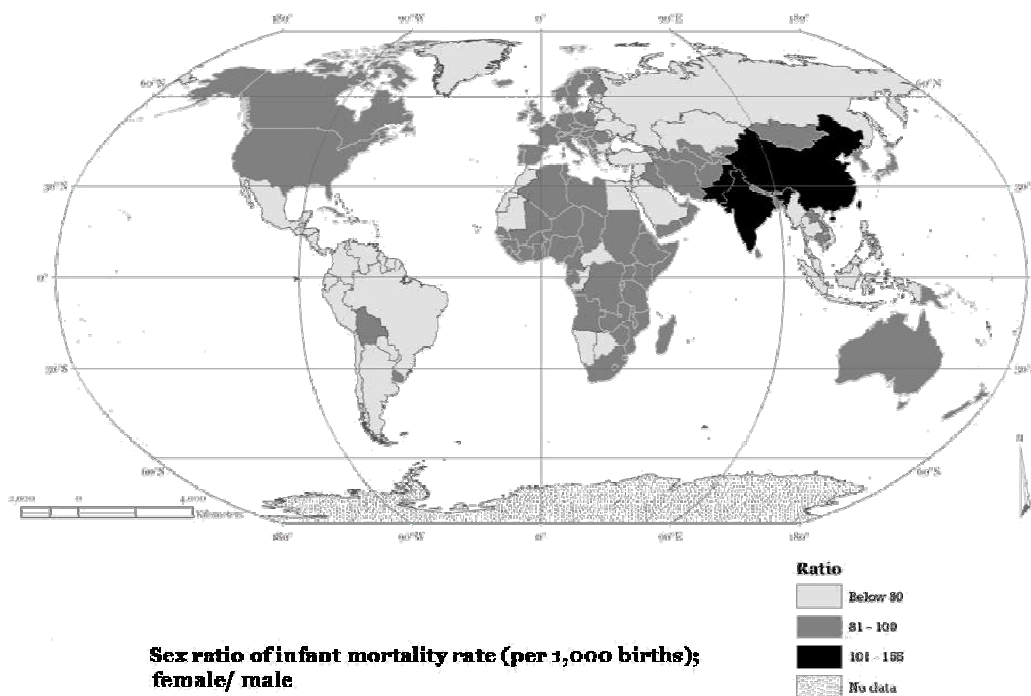


Figure 2. Sex ratio of infant mortality rate

Source: ESRI, 2002f, United Nations, 2007a

Life Expectancy

The situation for women's empowerment can also be gauged by assessing the differential between women's and men's life expectancy at birth (Figures 3 and 4). The global average is for women to live five years more than men so when women live less than men it is considered an indicator of extreme discrimination. Although women tend to live longer lives, "women experience more chronic, debilitating diseases than men, while men, on the whole, live shorter but healthier lives than women" (Momsen, 2010: 80).

Between 1970 and 1975, South Asia had the most pronounced differences between women and men at birth with women living, on average, one year less than men in the region. Papua New Guinea also has a situation where women had shorter lives than men but in a specific cultural context of tribalism and rural to urban migration, especially for men. The estimates for 2005 - 2010 show some improvements.

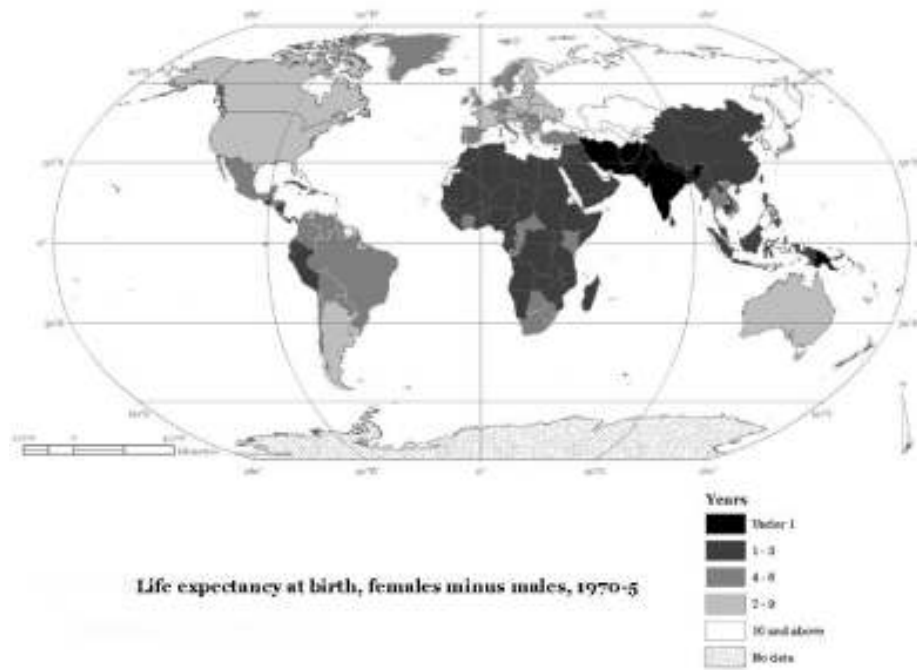


Figure 3. *Life expectancy at birth 1970--8*

Source: ESRI, 2002b, United Nations, 1995

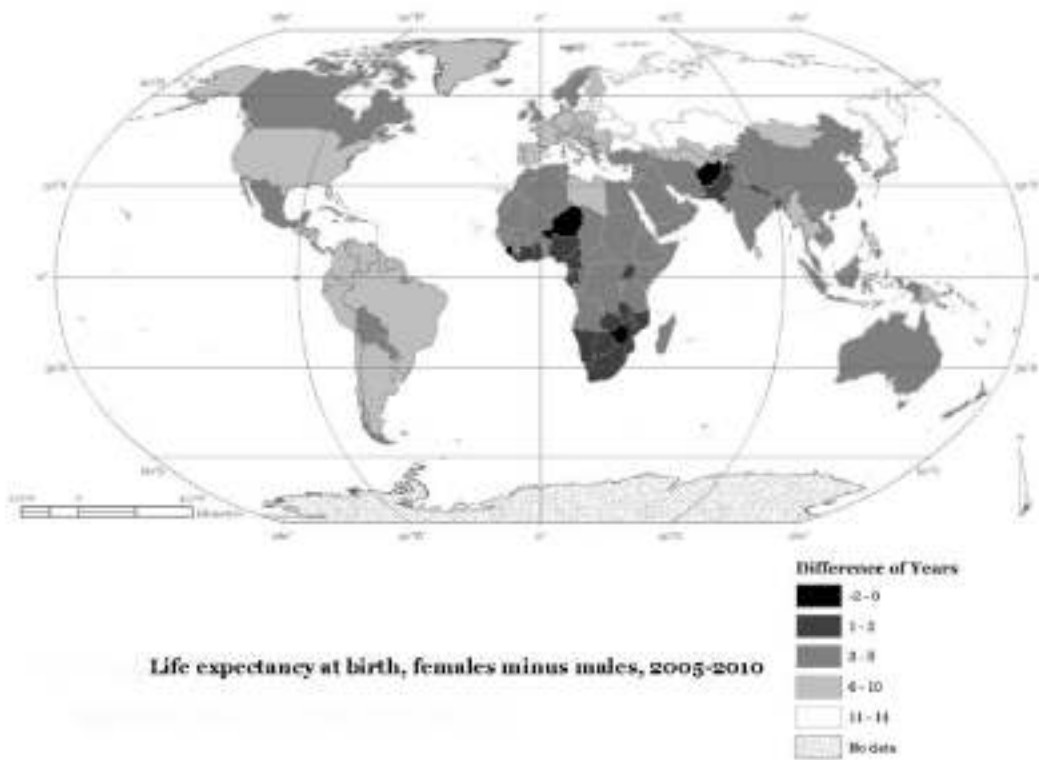


Figure 4. *Life expectancy at birth 2005--10*

Source: ESRI, 2002c, United Nations 2008b

Although mortality rates have declined in 37 countries in the past twenty years, it has been estimated that in the years since 1970, that the “adult mortality risk fell by 34 percent among women and 19 percent in men globally” (Fox, 2010). The estimates for 2005 - 2010 show improvement in India and Papua New Guinea, with remaining shortened life expectancies for women in Nepal, Bangladesh and Pakistan and especially in Afghanistan. In Africa, Niger, Lesotho and Zimbabwe are countries where women have shorter life expectancies than men. In Chad life expectancy rose to 82 years for women and 77 years for men. In Sierra Leone women have a life expectancy of 50 years and men have a life expectancy of 48 years. Life expectancy in Sierra Leone has fallen due to war, extreme poverty and HIV/AIDS. In 2010 the unusual situation in which women are living shorter lives than men is recorded in Swaziland where life expectancy for women is 48 years and for men is 50 years. Botswana has a one year difference with 55 years for women and 56 years for men. Mozambique and Pakistan both have approximately equal life expectancy.

Many of the countries which demonstrate lower life expectancies for women than for men have a number of factors influencing the difficult conditions for women. One such condition is a limitation on mobility. As Joni Seager has said:

““keeping women in their place” is a literal undertaking. Mobility and dress restrictions, enforced in a surprising number of countries, are rooted in standard patriarchal assumptions about men’s right to control women, in potent combination with fundamentalist religious interpretations” (Seager, 2009: 18).

Some of the examples given by Seager are that in Syria, “a husband may file a request with the Ministry of Interior to prohibit his wife’s departure from the country”. Such limitations occur in other Middle Eastern countries. They used to be common in Latin America also but are less so now. In Malaysia, there are “dress restrictions for certain groups of women only”. In Swaziland, “married women are legal minors, although those who marry under civil law may be accorded the legal status of adults, if stipulated in a signed prenuptial agreement”. In the Democratic Republic of Congo, “women need their husband’s permission for most routine legal transactions, including accepting a job and opening a bank account”. Meanwhile, in Saudi Arabia, “women are not allowed to drive cars or ride bicycles”. In Kyrgyzstan, “family law prohibits divorce during pregnancy and while a child is younger than one year old”. In Egypt, “only males may confer citizenship; children born to women with foreign husbands are not conferred the benefits of citizenship”. In Qatar, “women need male permission for a driver’s license”. In Yemen, “by law a wife must obey her husband; she must live with him at the place stipulated by him, consummate the marriage, and not leave the home without his consent” (Seager, 19).

Violence is used with the intention of keeping women “in place”; in a subordinate position. Domestic violence, rape and murder are some of the types of violence. Although there are not consistent estimates of the rate of domestic violence, “the proportion of women who say that they have experienced physical abuse by a male intimate” is as follows in the following selected countries: Mozambique, 54%; Brazil, 30%; Bolivia, 70%; United Arab Emirates, 66%; Marshal Islands, 80%; Bangladesh, 50%; and Namibia, 36% (Seager, 28-29). In some countries, women considered neglect of children a justifiable provocation for a beating, “although more women in a few countries – such as in Eritrea, Guinea, Haiti, Mali, Nigeria, Senegal and Zambia – considered going out without telling the husband to be more “punishable” (Mrkic et. al. 2010; 137). Danger for women increases for women who try to escape violence. In Brazil, “72% of murdered women were killed by a relative or friend” (Seager, 30). In Bangladesh, “50% of all murders in the country are of women by their husbands” (31). In South Africa, “between 40 - 70% of female murder victims are killed by husbands or boyfriends” (31). In other countries, the murder of women is considered acceptable if “honour” is considered to have been breached. Honour can be “lost” even without a woman’s own transgressions. In Alexandria, Egypt, a woman who is raped is considered to have lost her “honour” and, it was found that 47% of women murdered in this city were murdered after they had been raped (Krug et. al. 2002 quoted in Momsen, 99). In Syria, there is a law which “allows for reduced penalties in honour killings” and in Kuwait, honour killings are “treated as misdemeanours not criminal acts” (Seager, 31). The “purity” of women is referred to as a symbol of a nation. By extension, inflicting the violence of rape upon women has been used as “a weapon of ethnic cleansing, as it was used in

Rwanda and in Bosnia-Hertzevovina” and because of this, “has now been recognised by the United Nations as a crime against humanity” (Momsen, 105).

International Migration

The sex ratio of international migrants is determined by the number of women per one hundred men among the foreign born population recorded in a particular country (Figure 5). With globalisation, there has been an increase in the numbers of international migrants around the world (Mrkic, 2010: 12), but the distribution of these migrants is often gender-specific (Figure 5). In the Middle East, the sex ratios are masculine because of the preference for male migrant labourers in the region. In other cases, female migrants are preferred such as for care work which is gendered female and for sex work, either voluntary or forced such as in human trafficking. Additionally, “There is also a racial and religious hierarchy of domestic workers, with Filipinas and East Europeans replacing West Indians in Canada, and Filipinas being preferred to Africans in most of Europe, while Muslim Sri Lankans, Indonesians, and Bangladeshi women are preferred in the Middle East” (Momsen 1999, quoted in Momsen, 39).

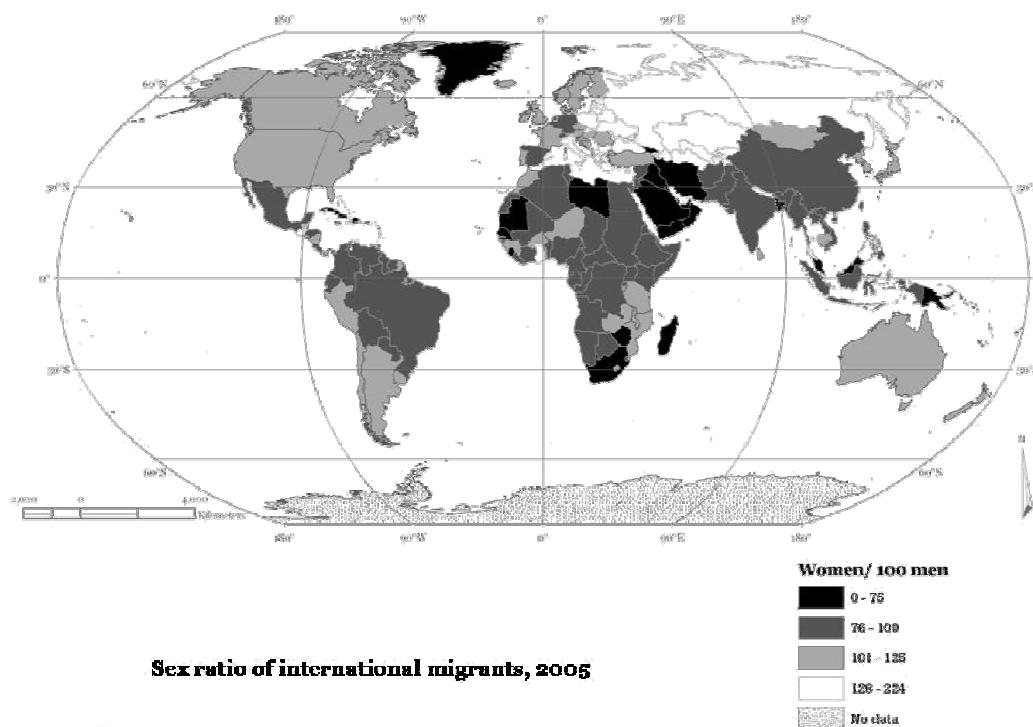


Figure 5. Sex ratio of international migrants

Source: ESRI, 2002d, United Nations, 2008c

Countries with masculine migrant populations are primarily countries where Islam is an important cultural influence. In 2010 in Bangladesh there were 16 female migrants per 100 male migrants, Oman, 26; Qatar, 35; UAE, 38; Saudi Arabia, 43. In Asia, Bhutan has 23 female per 100 men migrants. The country with the most feminised migrant population is Nepal with 214 women per 100 men; representing more than twice as many women migrants as there are male. In Asia, Thailand had 140 migrant women per 100 migrant men and Singapore had 128 migrant women per 100 migrant men. In Africa, Gabon, a country with petroleum resources, had 133 migrant women per 100 migrant men. In Central Asia,

Tajikistan, Azerbaijan, Uzbekistan, Turkmenistan all have 133 migrant women per 100 migrants men. In Central America, Honduras has 129 migrant women per 100 migrant men.

Feminised labour is preferred for care work, sex work and tedious “unskilled” work in export-processing zones. Around the world, “12 million people work in forced labour from sweatshop workers to sex slaves, 98% of those in forced sexual exploitation are women and girls; 56% in forced economic labour are women” (Seager, 56). Although the victims of trafficking are not likely to be recorded figure 5 of the international migrant sex ratio in their destination countries, there are countries which are more likely to be sources for trafficking. For example, “in South and South-east Asia the main countries of origin are Thailand, Bangladesh, Vietnam, Cambodia, China, the Philippines, Myanmar and Nepal” (Momsen, 101). The incentive for enforcement against these practices can be low when “Prostitution and sex trafficking [represent] 2% of GDP in Indonesia and 14% in Thailand” (Seager, 57). Unfortunately, in the last ten years, reports of human trafficking have increased and it has been estimated that “five million girls and women have been trapped by these criminal networks in [South America], and another 10 million are in danger of falling into their hands” (Godoy, 2010).

Total Fertility Rate

Fertility has fallen all around the world. Fertility is measured as the average number of children borne by women in a particular country (Figure 6). Increased women’s access to education, economic opportunity and access to family planning options have contributed to this decline. However, there would have been more of a decline if all of the women who wanted contraception were able to get it. For example, it “was estimated that 22 per cent of African women of reproductive age were in need of contraception, pointing to the gap between the desire to use contraception and the actual use” (Mrkic, 38). The following map shows countries with low fertility in darker colours and those with high fertility in lighter colours.

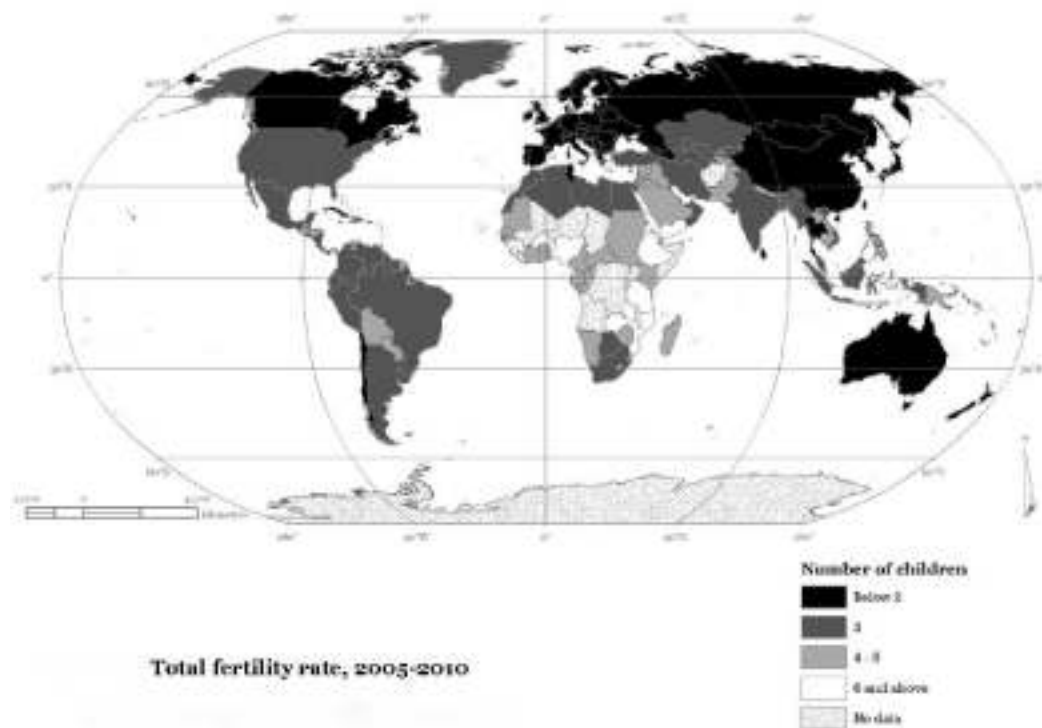


Figure 6. Total Fertility Rate

Source: ESRI, 2002e; United Nations, 2008d

The estimates for Total Fertility Rate for 2005 - 2010 shown in figure 6 are all higher than the estimates for 2010 - 2015. Although the previous estimates for Yemen available in 2008 were over 6, by 2010 the estimates were brought down to 4.7. In 2010 - 2015, the estimates for Ethiopia's TFR was 4.8, in Eritrea, it was 4.2; in Tanzania, it was 5.3; in Mozambique, it was 4.6; in Zambia, it was 5.3, in Nigeria, it was 4.8, in Burkina Faso, it was 5.5, in Guinea, it was 5 and in Uganda it was 5.9. The 2010-2015 estimates which were over 6 were for the following countries: East Timor 6.0, Niger 6.9, Afghanistan 6.3; and Somalia, 6.2. In South America the highest rates were estimated for the following countries: Bolivia 3.1, Paraguay, 2.8, French Guiana, 3.0.

The relative risks to women when they give birth are measured by maternal mortality rates. These record the largest differences between different countries of the world depending on access to skilled medical assistance. According to the World Health Organisation, "from 1990 to 2008... maternal mortality fell from 540,000 deaths worldwide in 1990 to 358,000 in 2008 - a 34 percent decline" although there continues to be an acute need for more resources for maternal health care such as in Sub-Saharan Africa (Anyangu-Amu, 2010). Improvements in Northern Africa include that "the proportion of women who delivered in health facilities increased markedly between 1996 and 2000-2007... from 57 to 78 per cent and in Southern Asia from 28 to 46 per cent" (Mrkic et. al. 34).

Maternal mortality is one of the most unequal indicators recorded between regions. In 2005, the highest rates recorded in the world, were in Sierra Leone where there were 2100 maternal deaths per 100,000 live births. The second and third highest in the world were Afghanistan and Niger with 1800. The violence and instability of war exacerbated these trends in both Sierra Leone and Afghanistan. Women in Sub-Saharan Africa generally had very high maternal mortality rate both due to lack of medical services and to complications caused by female genital cutting. The following sub-Saharan African countries all had maternal mortality rates of over 1000: Cameroon, Nigeria, Malawi, the Democratic Republic of the Congo, Burundi, Rwanda, Somalia, Angola and Chad.

Female genital cutting is prominent in the following countries: Somalia, Burundi and Chad. Type III FGM is performed in: Yemen (22.6% of the population), Tanzania (17.7% of the population), Sudan (90%), Somalia (90 - 98%), Sierra Leone practices type II at 80 - 90% of the population, Nigeria - type III is more prevalent in the north and type II is more prevalent in the south (19% of the population), Mali practices types I, II, III (91.6% of the population), The Gambia 60 - 90% of the population types I - IV depending on the ethnic group; Ethiopia 79.9%, types I - IV depending on ethnic group and region, Eritrea 88.7%, types I, II, III; Chad 44.9% - type III is mostly in the eastern part of the country near Sudan, Djibouti 90 - 98%, type III among the Issa and the Faur (Dietrich, 2010). As documented, there are different types of female genital cutting which range in severity. Within these countries, the practice is not confined to one faith group or another. For example, in Egypt - Muslim 98%; Christian 88%; Eritrea, Muslim 99%, Christian, 92%; Mali Muslim, 94%, Christian, 85%, Other 90%; Sudan, Muslim, 90%, Christian, 47%, Burkina Faso, Muslim 78%, Christian 66%, other 61%, Central African Republic, Muslim 50%, Christian, 43%, other 61% (Seager, 54). A sign of hope is that the practice is on the decline with the younger generations (Seager, 54; Mrkic et. al. 2010).

Sex Ratio of Adult Literacy

Women make up two-thirds of those who are illiterate (Mrkic et. al. viii). The sex ratio of adult literacy is shown (Figure 7) as the proportion of the literacy rates of women and men in different countries. The countries represented with darker colours have higher female rates of literacy than male. Those represented with lighter colours have a higher rate of literacy among men than among women. Literacy is a particularly important component of empowerment to create opportunity for increased awareness of reproductive rights, nutrition, economic and political empowerment.

In South America, women tend to have higher participation in tertiary education than men. According to Statistic that were reported between 2005-2008, women are more literate in Brazil, particularly among younger women, 99% of whom were literate versus 95% of younger men who were literate. Paraguay has

higher rates of literacy among adult men, 96%, than among adult women, 93%. The literacy rates for young men and women in Paraguay are the same at 99%. In Guatemala 80% of men are literate but only 69% of women. Again, there are improvements with literacy among youth where 89% of young men are literate and 84% of young women are literate. In contrast to this trend, women are less literate than men in Peru where the 2007 statistics show that men have a 95% literacy rate and women have an 85% literacy rate. In Bolivia, there is a 96% literacy rate and an 86% literacy rate among women.

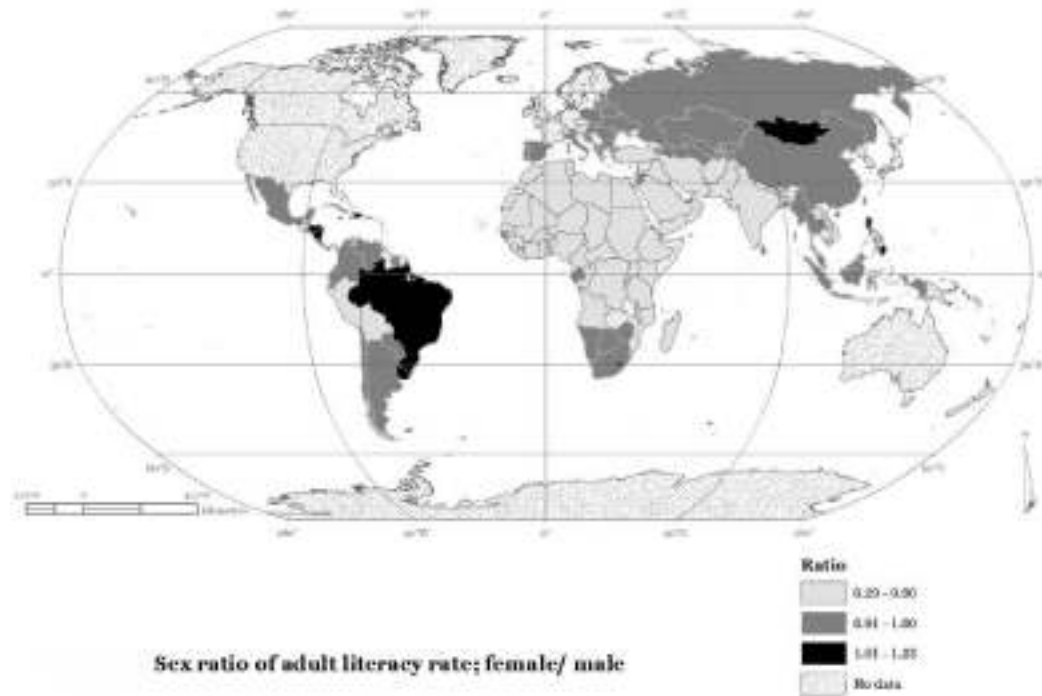


Figure 7. *Sex ratio of adult literacy*

Source: ESRI, 2002g; United Nations, 2008e

The widest gap for the feminization of literacy in the world is 12%. This is reported in Lesotho where women have attained a 95% literacy rate and 82% of men are literate. Lesotho is the only country in Africa with a higher rate of literacy among women. This discrepancy is attributed to the high male-out migration to work in South African mines. Despite the higher rates of literacy among women, their earnings are 53% of that of men's earnings (INSTRAW, 2006). Reducing the incentive for participation in the educational system is that it has been described as euro-centric and not relevant and responsive to everyday life in Lesotho (Muzvidziwa & Seotsanyana, 2002). Women are less literate than men in much of Africa. The widest gap is in Niger and Mali. In Niger, women's literacy is 28% less than that of men. In Niger, 15% of women are literate and 43% of men are literate. In Mali, women have an 18% literacy rate and men have a 35% literacy rate.

Women are more literate than men in Mongolia with 97% literacy among men and 98% literacy among women. There are actually declining rates of literacy among youth with 93% literacy among young men and 97% literacy among young women. By 1989, Mongolia had reached higher rates of educational attainment among women than men similar to many other Eastern European countries at the time. However, with the introduction of a market economy in the early 1990's, many students dropped out of school; 70% of these drop-outs were boys, primarily rural, who left to work with privatised herds (Yembuu & Munkh Erdene, 2006: 6-7). In India, there is a difference of 24% between male and female

literacy rates; where male literacy is 75% and female literacy is 51%. In India, this also varies by region where states such as Kerala in the south have high levels of educational attainment.

HIV/AIDS

The patterns contributing to the spread of HIV/AIDS are linked to multiple other processes (Figure 8). Women's inequality encourages the rapid transmission such as vulnerability to rape, violence, barriers to information and resources. 'HIV/AIDS is not only driven by gender inequality - it entrenches gender inequality, putting women, men and children further at risk (Bell, 2002 quoted in Momsen, 88). The empowerment of women is necessary for women to lead safe and healthy lives.

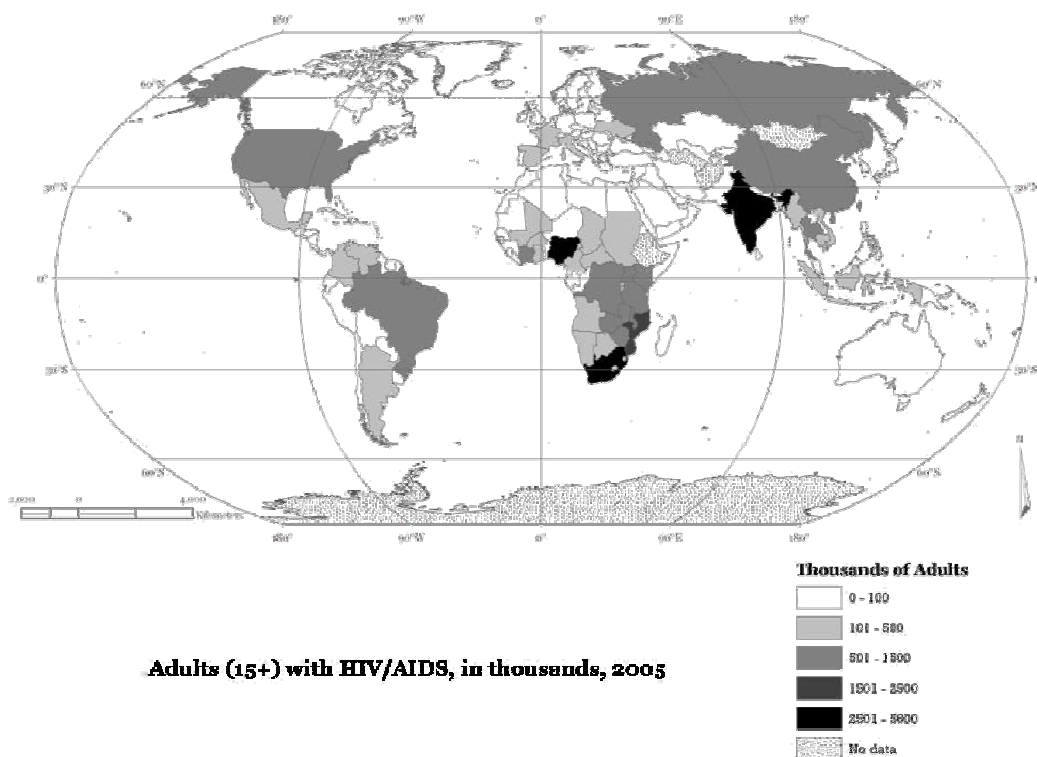


Figure 8. Adults with HIV/AIDS

Source: ESRI, 2002i; United Nations, 2007b

In figure 8, Nigeria, South Africa and India have the highest total numbers of cases. Because of this, life expectancy fell drastically in the 1990's in sub-Saharan Africa. In figure 9, the percentage of women in the HIV/AIDS populations is reported showing that, Sub-Saharan Africa has the highest proportion of women infected with HIV/AIDS. In South America, Uruguay, Guyana and Ecuador have the highest rates. Papua New Guinea has the highest rates in Oceania.

Papua New Guinea (PNG) documents an HIV/AIDS population of 54,000 of which, 21,000 are women. The proportion of women in the population is about 40%. AusAid cites gender inequality as the biggest influence driving the spread of the epidemic among women and goes on to explicate that:

"Women in PNG are subject to high levels of sexual and gender- based violence. Structural factors such as economic dependence and the lack of access to education inhibit their negotiation of safer sexual practices. Women in PNG are disproportionately

affected by poverty and poor access to services, and the HIV epidemic is making this worse. The PNG Medium Term Development Strategy states that ‘reversing the course of the [HIV/AIDS] epidemic will depend, to a significant degree, on the success of policy in reducing poverty and empowering women’ (AusAid, 20).

Exacerbating the tragedy for women, HIV/AIDS is believed to be caused by black magic, it is regarded as one of the possible contributory causes of the doubling of women who have been killed following charges of witchcraft in PNG (Variolli, 2010).

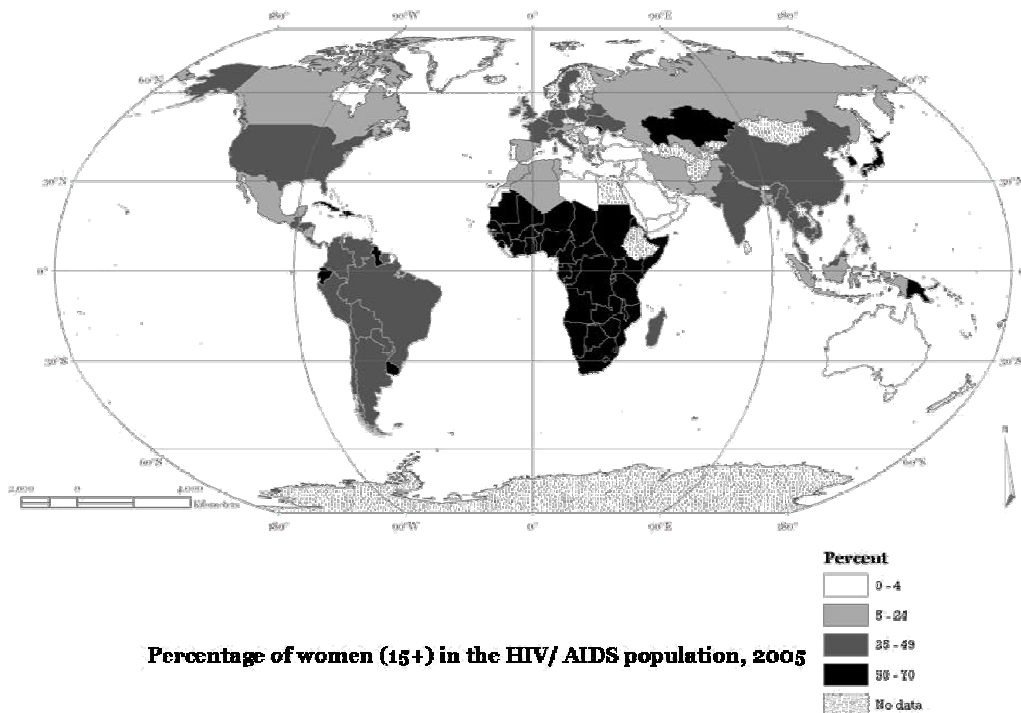


Figure 9. *Percentage of women in the HIV/AIDS population*

Source: ESRI, 2002j; United Nations, 2007b

Labour Force Participation

The proportion of women, aged 15+ who make up the adult labour force is represented in figures 10 and 11 which compare data from 1985 with 2006. During this period, women’s participation increased around the world except in the formerly communist countries where there was a decline.

Women’s participation in the labour force increased the most in North Africa and South Asia. This measures the formal economy and not the informal economy where much of women’s labour takes place. However, considering that, “proportions of married women from the less developed regions have no control over household spending, including spending their own cash earnings, particularly in countries from sub-Saharan Africa and Southern Asia (Mrkic et. al. xii). Despite this, “it appears that in almost all countries women work more hours than men [and] as women increase their paid work-hours they find that in most cases men do not increase their share of the unpaid burden of childcare and housework” (Momsen, 2010: 71).



Figure 10. *Women's share of adult labour force, 1985*

Source: *ESRI, 2002k; United Nations, 2008g*

The lowest rates of women's labour force participation are in the Middle East, North Africa and South Asia. In 2009, the women's share of the formal labour force is lowest in the following countries: Qatar, 12%; Saudi Arabia, 17%; Oman, 19%; Iraq, 17%; Egypt, 23%. Women have the highest share of the adult labour force in Rwanda and Burundi at 53%. Women also make up more than half of the adult labour force in Lesotho 52% and Mozambique 52%.



Figure 11. *Women's share of adult labour force, 2006*

Source: *ESRI, 2002l; United Nations, 2008h*

Parliamentary seats

There are many ways of being political starting with personal choices in everyday life. The power to create change can take form as a women's savings group or in a political protest. Although traditional politics have been described as a male-dominated sphere, this is not true in every country. The political power of women in government can be represented by the percentage of parliamentary seats occupied by women (Figure 12).

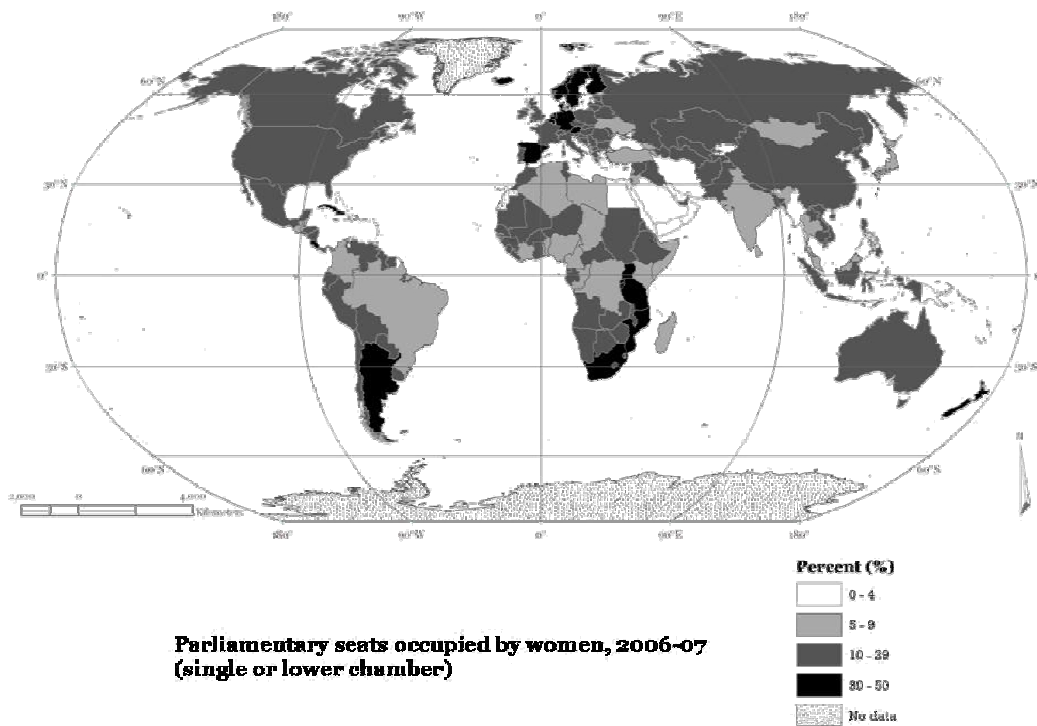


Figure 12. *Parliamentary seats occupied by women*

Source: ESRI, 2002m; United Nations, 2008i

The only country in the world which has more women in parliament than men is Rwanda. In 2008, the figure was 49%, and in 2009 and 2010 56% of seats went to women. This is considered to contribute significantly to the peace process in Rwanda. "Laws have been passed so they can own land, and wives can legally keep their assets separate from their husbands -- all steps the government is taking to help Rwandese women gain an equal hand at politics and business" (Desai, 2010). After the 1994 genocide, "Rwandan women lobbied heavily, helped to draft the new constitution and developed voting guidelines that guaranteed seats for women candidates. They were also able to push for the creation of a government ministry of women's affairs to promote policies in favour of women's interests" (Mutume, 2004).

In 2010, the second highest proportion of women parliamentarians was in Sweden with 46%, followed by South Africa with 45% and then Cuba with 43%. Kyrgyzstan had low figures, but in 2010 the interim President is a woman, Roza Otunbaeva. In 2006 Kyrgyzstan had 7% women in parliament, there were 0 women in the 2007 parliament, and now there is a 26% female parliament, representing 23 seats held by women. Some of the lowest figures for women parliamentarians are for countries where women are prohibited from participating such as in Saudi Arabia (0), Oman (0) and Yemen (0). Other countries with very low rates are Egypt (2%) and Iran (3%).

In Oceania, Papua New Guinea, which was discussed earlier, had 1% of parliament's seats held by women. Belize had two women in a parliament of 32 people 2005 - 7, in 2008, there was one seat held by a woman and in 2009 and 2010 there were 0 women in parliament. Guinea had 19% women in parliament in 2008 and in 2010 registered 0 because of the military junta which took power in 2008.

Global Gender Gap (GGG)

GGG is “an un-weighted average of each subindex score [health and survival, political empowerment, educational attainment, economic participation and opportunity] is taken to create the overall Gender Gap Index score [where the] final value is bound between 1 (equality) and 0 (inequality)” (Hausman, 2007: 5).

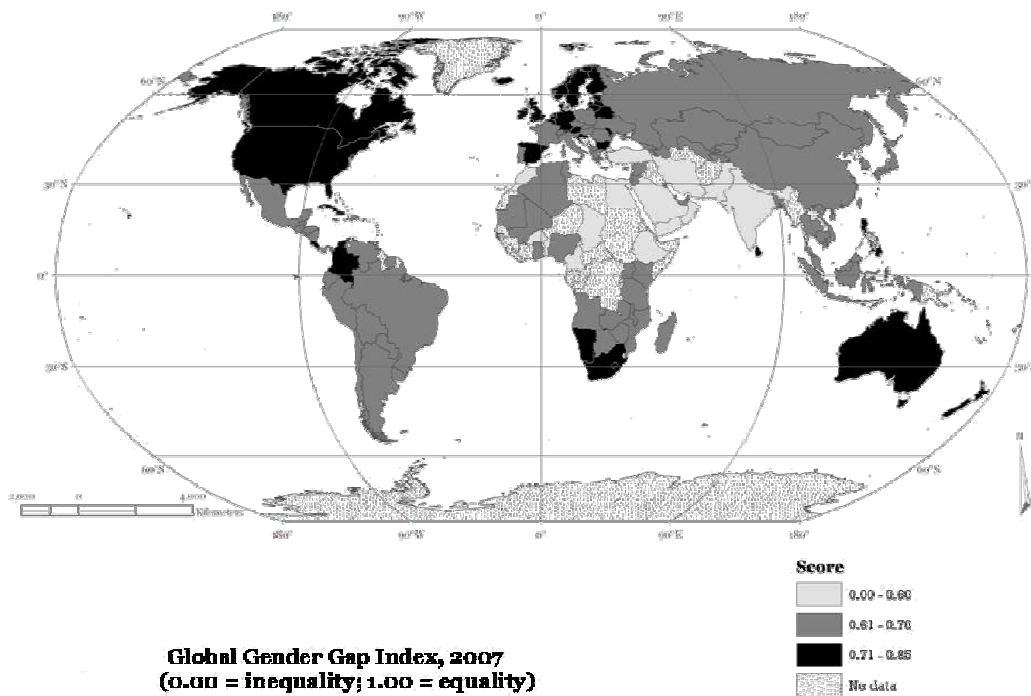


Figure 13. Global Gender Gap 2007

Source: ESRI, 2002n, World Economic Forum, 2007

For 2007 (Figure 13), Colombia (.71) has the highest GGG in South America due to education. South Africa (.72) and Namibia (.70) have the highest GGG in Africa. Low scores on the GGG are recorded for India, Pakistan, and Nepal (.56), in South Asia. Sri Lanka (.72) has the highest GGG score for Asia. Of the countries that have GGG scores in Africa, low scores are recorded for Ethiopia (.60), Egypt (.58), and Cameroon (.59). In the Middle East a few countries have the following scores: Iran (.59), Saudi Arabia (.57), Yemen (.45), UAE (.62), Syria (.62), Israel (.70), Jordan (.62), and Kuwait (.64).

Gender parity is part of the process of women's empowerment, but its relative importance is debated. As quoted by DAWN... “the dissonant voices of poor women from (Hawkesworth, 2006: 124).

Conclusion

Racially or nationally oppressed groups could be heard stating their priorities - food, housing, jobs, services, and the struggle against racism. Equality with men who themselves suffer unemployment, low wages, poor work conditions and racism within existing socioeconomic structures did not seem an adequate or worthy goal” Although there has been progress in terms of women’s empowerment, there are significant challenges remaining. Significant challenges include rising HIV/AIDS rates, which are increasingly including women and have shortened both women’s and men’s life expectancy and quality of life. Multiple forms of violence against women from physical violence such as murder to structural violence resulting from economic or political policies which, through action or inaction, produce increasing rates of poverty and disenfranchisement. Rising inequality of wealth between different regions of the world, paired with the feminisation of poverty has contributed to the feminisation of migration. These inequalities also contribute towards vulnerability of women to human trafficking and other forms of exploitation. While there has been significant progress in women’s participation in government with some countries reaching parity, other countries continue to exclude women from these positions. Progress in women’s empowerment is found in higher levels of education, increased access to formal employment, increased control of reproduction through an increase in the availability of contraceptives, increased access to skilled health attendants. As progress is made, women also need to learn how to claim power.

“It’s said that when a baby elephant is being trained, she is tied to a post almost immediately after birth. During the first few weeks of life, she attempts to break free of her restraints, but she’s not strong enough. So she comes to believe she can’t get away from what is holding her back even after she has grown large and plenty powerful to uproot the post entirely. As a consequence, even as an adult, she remains tied to the post due to an internally motivated behaviour that is no longer rooted in reality” (Feldt, 2010: 20).

It is clear that the reality faced by women is uneven after reviewing the spatial patterns of country-level statistics on sex ratio, differences between life expectancy at birth of women and men, the sex ratio of international migrants, fertility rate, infant mortality rate differences between girls and boys, sex differences in literacy rates, labour force participation rate, HIV/ AIDS rates, women in parliament, and the Global Gender Gap. However, for there to be progress towards women’s empowerment recognition of the possibility, demanding change, and working towards it, are critical to the process.

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